

**INSTRUCTIONS  
LEGAL AUTHORIZATION**

- 1. The name of the regional ombudsman or community advisory committee member who received the complaint must appear on the form in the appropriate blank(s).**
- 2. The facility's name, the resident's name, the relationship of the legal representative to the resident, the signature of the legal representative, and the date signed must be included on the form in the appropriate blank(s).**
- 3. The signed form shall be attached to the Case Record and kept in the regional ombudsman's confidential files.**

## LEGAL AUTHORIZATION

**To Whom it May Concern:**

\_\_\_\_\_ has my  
(Name)

permission to talk with the administration and staff of \_\_\_\_\_

\_\_\_\_\_,  
(Facility)

as well as any other individual(s) deemed necessary regarding the care  
of \_\_\_\_\_ and to facilitate resolution of the  
(Resident)

the complaint(s) filed.

\_\_\_\_\_ has my permission to view  
(Name)

the medical/social records of \_\_\_\_\_ .  
(Resident)

My relationship to \_\_\_\_\_ is \_\_\_\_\_.  
(Resident) (Relationship)

I am legally authorized to give such permission. \_\_\_\_\_ yes \_\_\_\_\_ no

\_\_\_\_\_  
Legal Representative Signature

\_\_\_\_\_  
Date

(Form appropriate for Guardians, Health Care Powers of Attorney & Durable  
Powers of Attorney ONLY)